

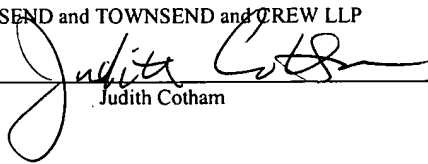
I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to:

Mail Stop Missing Parts
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

On December 19, 2005

TOWNSEND and TOWNSEND and CREW LLP

By:


Judith Cotham



PATENT
Attorney Docket No.: 020801-002430US

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of:

HEYES et al.

Application No.: 11/148,430

Filed: June 7, 2005

For: CATIONIC LIPIDS AND
METHODS OF USE

Customer No.: 20350

Confirmation No.: 6996

Examiner: Not yet assigned

Art Unit: 1636

TRANSMITTAL LETTER –
RESPONSE TO NOTICE OF MISSING
PARTS

Attn: Mail Stop Missing Parts
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

Pursuant to the Notice to File Missing Parts of Nonprovisional Application, dated August 25, 2005, enclosed are the following to be made of record in the above-identified application:

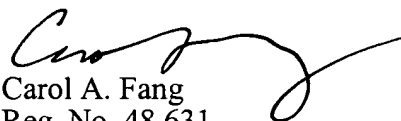
- 1) Executed Declaration;
- 2) Supplemental Application Data Sheet;
- 3) Communication Under 37 C.F.R. 1.821-1.825 and Preliminary Amendment;
- 4) Sequence Listing with copy on diskette;
- 5) Petition for Extension of Time (2 months); and
- 6) Copy of Notice of Missing Parts.

Please charge Deposit Account No. 20-1430 for the following fees:

Small Entity:	(a)	Utility Filing Fee	\$150
	(b)	Utility Search Fee	\$250
	(c)	Utility Examination Fee	\$100
	(d)	Application Size Fee	\$0
	(e)	Excess Claims Fees (§ 1.16(b), (c)):	
		44 - 20 = 24 x \$25 =	\$600
		4 - 3 = 1 x \$100 =	\$100
	(f)	Multiple Dependent Claims	
	(g)	Missing Parts Surcharge	\$65
	(h)	Extension Fee (2 months)	\$225
		TOTAL FEES TO BE CHARGED	\$1490

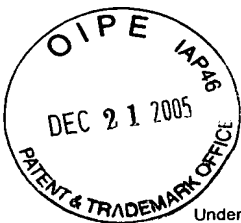
The Commissioner is hereby authorized to charge any additional fees associated with this paper or during the pendency of this application, or credit any overpayment, to Deposit Account No. 20-1430. This Transmittal Letter is submitted in duplicate.

Respectfully submitted,


Carol A. Fang
Reg. No. 48,631

Customer No. 20350

TOWNSEND and TOWNSEND and CREW LLP
Two Embarcadero Center, Eighth Floor
San Francisco, California 94111-3834
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60661762 v1



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Certificate of Mailing under 37 CFR 1.8

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on December 19, 2005
Date

Lisa Z. Turner
Signature

Lisa Z. Turner

Typed or printed name of person signing Certificate

Registration Number, if applicable

302-892-0648
Telephone Number

Note: Each paper must have its own certificate of mailing, or this certificate must identify each submitted paper.

10/659199

BB1157USCNT

Amendment and Response to Office Action Under 37 CFR 1.111 - 9 pages

Appendix A, B, C - 4 pages

Terminal Disclaimer - PTO/SB/26 form - 1 page

Petition for Extension of Time - PTO/SB/22 form - 1 page

Fee Sheet - PTO/SB/17 form - 2 pages

Second Information Disclosure Statement - 2 pages

PTO/SB/08A form - 1 page

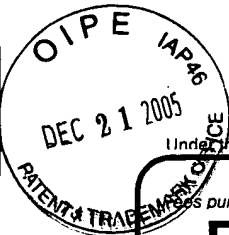
PTO/SB/08B form - 3 pages

References - (8)

Postcard

Page _____ of _____

This collection of information is required by 37 CFR 1.8. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 1.8 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.



Effective on 12/08/2004.

Pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

FEE TRANSMITTAL

For FY 2005

☐ Applicant claims small entity status. See 37 CFR 1.27TOTAL AMOUNT OF PAYMENT (\$) **180.00****Complete if Known**

Application Number	10/659199
Filing Date	September 10, 2003
First Named Inventor	Stephen M. Allen Et. Al.
Examiner Name	Kubelik, Anne R.
Art Unit	1638
Attorney Docket No.	BB1157USCNT

METHOD OF PAYMENT (check all that apply)☐ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): _____☒ Deposit Account Deposit Account Number: **04-1928** Deposit Account Name: **E. I. du Pont de Nemours and Company**

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☒ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, except for the filing fee☒ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 ☒ Credit any overpayments**WARNING:** Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.**FEE CALCULATION****1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	<input type="checkbox"/> 300	150	<input type="checkbox"/> 500	250	<input type="checkbox"/> 200	100	0.00
Design	<input type="checkbox"/> 200	100	<input type="checkbox"/> 100	50	<input type="checkbox"/> 130	65	0.00
Plant	<input type="checkbox"/> 200	100	<input type="checkbox"/> 300	150	<input type="checkbox"/> 160	80	0.00
Reissue	<input type="checkbox"/> 300	150	<input type="checkbox"/> 500	250	<input type="checkbox"/> 600	300	0.00
Provisional	<input type="checkbox"/> 200	100	<input type="checkbox"/> 0	0	<input type="checkbox"/> 0	0	0.00

2. EXCESS CLAIM FEES**Fee Description**

Each claim over 20 (including Reissues)

Fee (\$)	Small Entity Fee (\$)
50	25

Each independent claim over 3 (including Reissues)

200	100
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Multiple dependent claims

360	180
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Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)
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- 20 or HP = _____ x 50.00 = _____

HP = highest number of total claims paid for, if greater than 20.

Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)
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- 3 or HP = _____ x 200.00 = _____

HP = highest number of independent claims paid for, if greater than 3.

Multiple Dependent Claims

Fee (\$)	Fee Paid (\$)
360.00	

YES ☐**3. APPLICATION SIZE FEE**

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
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- 100 = _____ / 50 = _____ (round up to a whole number) x 250.00 = _____

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): Second Information Disclosure Fee

Fees Paid (\$)

180.00

SUBMITTED BY

Signature	<i>Dawn S. Clark</i>	Registration No. (Attorney/Agent)	42,420	Telephone	(302) 695-1080
Name (Print/Type)	Dawn S. Clark			Date	December 19, 2005

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.